



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

TENNESSEE BOARD OF NURSING
615-532-5166 or 1-800-778-4123

FEES ARE NON REFUNDABLE

**LICENSED PRACTICAL NURSE
INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT**

PLEASE ALLOW 4 TO 6 WEEKS TO PROCESS YOUR APPLICATION. If additional information is required you will be notified by mail. It is not necessary to call the board to check on the status of your application; go to: tennessee.gov/health, click on Health Care Professionals and then click on verification.

Licensure by endorsement in Tennessee is granted on an individual basis. With the exception of a person licensed during the initial waiver period in another U.S. jurisdiction (state), an applicant must be a **graduate of an approved school of practical nursing** and licensed by written examination.

- o An applicant shall have general education equivalent to that required for Tennessee candidates for licensure by examination at the time the applicant was accepted for licensure in another jurisdiction. An applicant shall have graduated from an approved school of practical nursing.
- o An applicant shall have substantially the same course of study as set by the Board for Tennessee schools of practical nursing at the time the applicant was accepted for licensure by examination in another jurisdiction.
- o The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or The National Council Licensure Examination (NCLEX-PN) provided scores are equal to or higher than the lowest passing scores required by this Board.

Please read the following instructions carefully. Your answers will determine your eligibility for licensure.

1. If you provide on your licensure application a Tennessee home address and declare Tennessee as your legal state of residence, you may be eligible for a multistate license which authorizes practice in all states that are part of the interstate nurse licensure compact.
2. If you provide a home address that is in a non-compact state and declare that non-compact state as your legal state of residence, you will only be eligible for a single state license that is valid only for practice in Tennessee.

[If you later move to Tennessee and provide the board with a Tennessee address through completion of a Primary State of Residence/PSOR form, you may be eligible for a multistate license.]

3. If you provide a home address from a compact state or declare your legal residence as another state that is part of the multistate compact, you are ineligible for a Tennessee license and your application will be placed on hold for up to one year until you meet one of the criteria above.

DEFINITION: "PRIMARY STATE OF RESIDENCE" means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. **It is recommended that you begin the application process before moving to Tennessee.**

FOR A CURRENT LIST OF STATES IN THE COMPACT, CHECK THE FOLLOWING WEB SITE: www.ncsbn.org and follow the link to the Nurse Licensure Compact Map.

To apply for licensure, you must submit the following:

1. **APPLICATION.** Complete **all** sections. (Use your full legal name, no nicknames)
2. **LICENSURE FEE. \$115.00**
Attach the correct fee in U.S. currency. Check or money order must be made payable to the Tennessee Board of Nursing.

FEES SUBMITTED TO THE BOARD ARE NOT REFUNDABLE

3. **PHOTO**
Affix one (1) professional passport type photograph.
 - a) Vending machines, snapshots, ID photographs or paper photographs are not acceptable.
 - b) Straight on pose including head and shoulders.
 - c) Full legal name signature and date on front of photograph-signature must not conceal face, "no nicknames."
 - d) Date the photograph was taken must be no more than six months prior to date of application.

4. **AFFIDAVIT**
Sign Affidavit at the bottom of page 3 in the presence of a Notary Public. (Use your full legal name)

5. **EDUCATION**
Attach a copy of your **nursing diploma** or **nursing transcript.** (copies of internet transcripts are not accepted).

Foreign Internationally educated nurses should also include:

- a) **Copy of Certificate from Commission on Graduates of Foreign Nursing School (CGFNS) or**
- b) **School Transcript**

6. **VERIFICATION FORM**
If you were originally licensed in one of the states listed on the NURSYS Website (<http://www.nursys.com>) use the Website for license verification.
If you were originally licensed in one of the states not listed on NURSYS Website, mail the document entitled **REQUEST FOR VERIFICATION OF LICENSE TO THE STATE WHERE YOU WERE ORIGINALLY LICENSED.**

7. **CRIMINAL BACKGROUND CHECK**
To obtain a criminal background check, click here or go to <http://health.state.tn.us/cbc/index.htm>

8. **DECLARATION OF CITIZENSHIP**
All applicants **must** complete the attached Declaration of Citizenship, **notarize and submit with a copy of required documentation.**
(Example-current driver's license, current passport, birth certificate, etc.).

APPLICATION COMPLETION REMINDER:

		YES	NO
1.	Completed application form (notarized)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Licensure and Regulatory Fee (\$115.00)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Photograph – signed and dated on the front with full legal name signature	<input type="checkbox"/>	<input type="checkbox"/>
4.	Notarized Application-page 3 must be signed using full legal name in presence of a Notary Public	<input type="checkbox"/>	<input type="checkbox"/>
5.	Verification form sent to state of original licensure or NURSYS verification	<input type="checkbox"/>	<input type="checkbox"/>
6.	Copy of your nursing diploma or nursing transcript(copy of internet transcript is not accepted) Foreign Internationally educated nurses should also include: a) Copy of Certificate from Commission on Graduates of Foreign Nursing School or (CGFNS) b) School transcript	<input type="checkbox"/>	<input type="checkbox"/>
7.	Criminal Background Check (see instructions) Requested court records if applicable	<input type="checkbox"/>	<input type="checkbox"/>
8.	Declaration of Citizenship (notarize and submit with a copy of required documentation)	<input type="checkbox"/>	<input type="checkbox"/>

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

If you change your address, it is your responsibility to notify this office.

IT IS UNPROFESSIONAL CONDUCT TO PRACTICE NURSING IN THE STATE OF TENNESSEE WITHOUT A VALID ACTIVE LICENSE PRACTICAL NURSE LICENSE OR A MULTI-STATE LICENSE FROM ANOTHER COMPACT STATE.

PHOTOGRAPH

PASSPORT TYPE

ATTACH PHOTOGRAPH HERE
SIGNED AND DATED ON THE
FRONT BY APPLICANT
USING LEGAL SIGNATURE

Date taken must be no more than
six months prior to application
date

Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243



1704 001 - \$105.00
1704 006 - \$ 10.00
\$115.00

Endorsement Application for Licensure as a Licensed Practical Nurse

HAVE YOU EVER BEEN LICENSED AS A LICENSED PRACTICAL NURSE IN TENNESSEE? ☐ YES ☐ NO
IF YES, CONTACT THIS OFFICE FOR A REINSTATEMENT APPLICATION. DO NOT COMPLETE THIS FORM.

FEES ARE NOT REFUNDABLE

TO BE COMPLETED IN INK BY APPLICANT **Print or Type** Please refer to instruction sheet when completing the application.
ALL QUESTIONS MUST BE COMPLETED **Use legal full name**

1. Name _____
LAST FIRST MIDDLE MAIDEN

2. List any other names by
which you have been known _____
LAST FIRST MIDDLE

3. Social Security Number _____ Telephone Number _____
HOME OFFICE
Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

4. U.S. Citizenship: ☐ Yes ☐ No All applicants **must** complete the attached Declaration of Citizenship

5. Place of Birth _____ Date of Birth _____ Gender: ☐ Female ☐ Male
City State

6. Ethnic Group: ☐ White ☐ Black ☐ Native American Indian ☐ Asian ☐ Hispanic ☐ Other, Specify _____

7. Mailing Address: _____
(Street/PO Box/Route) (City/State/Zip)

Street Address: _____
(required if Mailing Address is a PO Box) Street (City/State/Zip)

8. Do you wish to receive notification, including renewal notification, from the Department of Health via email? ____Yes ____No
Email Address: _____

9. PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. **The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.**

10. General Education:

High School Graduate ☐ Yes ☐ No Date of Diploma _____
G.E.D. Equivalency ☐ Yes ☐ No Date Test Administered _____

11. Practical Nursing Education:

Name of College/University/School of Nursing
Location _____
CITY STATE
Length of Program _____ Date of Enrollment _____ Completion Date _____

12. **Original Licensed Practical Nurse Licensure**
- 12.1 In what state were you originally licensed as a Licensed Practical Nurse?
State _____ Date _____ License No. _____
- 12.2 How were you licensed in the original state of licensure? ☐ Examination ☐ Endorsement ☐ Waiver
- 12.3 Indicate all states where you have been licensed _____

13. Have you taken a national licensing examination? ☐ Yes ☐ No If **yes**, please indicate State _____ Date _____
Month/Day/Year
- Some states offered either a state constructed examination for licensure or the national licensing examination. The national licensing examination was previously known as the State Board Test Pool Examination (**S.B.T.P.E.**) and is currently known as the National Council Licensure Examination (**NCLEX-LPN**).

14. Have you ever been licensed in any other health care profession? ☐ YES ☐ NO If **yes**, please identify profession and state _____

15. **Disciplinary Action**

- 15.1 Have you ever been denied a nursing license or had any other professional license, certificate or privilege or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? ☐ YES ☐ NO
- 15.2 If **yes**, please identify the state where the action was originally taken and provide a certified copy of the documentation that cleared the action. STATE _____ YEAR _____

16. Are you currently in good physical and mental health? (Include any physical or mental limitations) ☐ Yes ☐ No If **no**, please explain: _____

17. **Conviction of a Crime**

- 17.1 Have you ever been convicted of or pled guilty to a misdemeanor or felony other than a minor traffic violation? ☐ Yes ☐ No
If **yes**, please submit a certified copy of the warrant and judgment or conviction papers and evidence of completion of fines, restitution, probation, and a self letter that describes circumstances that resulted in arrest and conviction.

- 17.2 If **yes**, specify date and type of conviction.
Date _____ Type of Conviction _____
Month/Day/Year

18. **List employment as a Licensed Practical Nurse during the last five years.**

THIS QUESTION MUST BE ANSWERED COMPLETELY.

Employer/ Agency	City and State	LPN Position Held	Employment Dates (Month/Year) Beginning/Ending
18.1			
18.2			
18.3			
18.4			
18.5			

19. What is your anticipated nursing position in Tennessee? _____
POSITION
- Name and complete mailing address of prospective employer (if known) _____

20. What is your activity (work) status in the nursing profession?
(Working in this profession also includes teaching, administration and research). Check only one.

- | | |
|--|---|
| <input type="checkbox"/> = Working full time in Nursing (1) | <input type="checkbox"/> = Not worked in Nursing for at least 2 years but less than 5 years (4) |
| <input type="checkbox"/> = Working part time in Nursing (2) | <input type="checkbox"/> = Not worked in Nursing for 5 years or more (5) |
| <input type="checkbox"/> = Not worked in Nursing for less than 2 years (3) | <input type="checkbox"/> = Official Use Only (6) |

21. Please indicate your major practice area in nursing: **Check Only One**

- | | |
|--|---|
| <input type="checkbox"/> = Community/Public Health (1) | <input type="checkbox"/> = Emergency Service (9) |
| <input type="checkbox"/> = Surgical/Operating Room (2) | <input type="checkbox"/> = General Practice (11) |
| <input type="checkbox"/> = Geriatric (3) | <input type="checkbox"/> = Administrative/Management (12) |
| <input type="checkbox"/> = Obstetric/Gynecologic (4) | <input type="checkbox"/> = Education (13) |
| <input type="checkbox"/> = Medical/Surgical (5) | <input type="checkbox"/> = Primary Care (14) |
| <input type="checkbox"/> = Pediatric (6) | <input type="checkbox"/> = Other, Please Specify (10) |
| <input type="checkbox"/> = Psychiatric/Mental Health (7) | <input type="checkbox"/> = _____ |
| <input type="checkbox"/> = Critical/Intensive Care (8) | |

22. Please indicate your principal setting of Employment: **Check Only One**

- | | |
|---|--|
| <input type="checkbox"/> = Hospital/Medical Center (1) | <input type="checkbox"/> = Home Health (8) |
| <input type="checkbox"/> = Nursing Home (2) | <input type="checkbox"/> = Independent Practice (9) |
| <input type="checkbox"/> = Private Duty (3) | <input type="checkbox"/> = Emergency Service (11) |
| <input type="checkbox"/> = Industrial /Occupational Nurse (4) | <input type="checkbox"/> = Ambulatory/Outpatient clinic(12) |
| <input type="checkbox"/> = Office Nurse(Physician/Dentist) (5) | <input type="checkbox"/> = Insurance (13) |
| <input type="checkbox"/> = Community/Public Health (6) | <input type="checkbox"/> = Hospice (14) |
| <input type="checkbox"/> = School Nurse (7) | <input type="checkbox"/> = Assisted Living/Home for the Age (15) _____ |
| | <input type="checkbox"/> = Other,Please Specify (10) _____ |

AFFIDAVIT

State of _____

County of _____

_____ personally appearing before me, being duly sworn says that _____
NAME OF APPLICANT he/she
is the person referred to in the foregoing application for a license to practice as a Licensed Practical Nurse in the State of Tennessee that the statements therein contained are true and that _____ has read and understands this affidavit.
he/she

I understand that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

Legal Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

SEAL

Notary Public _____

Commission Expires _____

FOR OFFICE USE ONLY

NAME _____

PERMIT NO. _____ DATE ISSUED _____ DATE EXPIRED _____

LICENSE NO. _____ DATE ISSUED _____



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_

2. Mailing Address: _____

3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____

4. I am a United States Citizen: ____Yes ____No

5. I am a foreign national not physically present in the United States ____Yes ____No.

If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.

6. Applicants Claiming United States Citizenship **MUST** provide one of the following:

- a) Tennessee Driver's License, or photo ID issued by Department of Safety.
- b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
- c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
- d) A federally issued birth certificate.
- e) A valid, unexpired U.S. passport.
- f) A report of birth abroad of a U.S. citizen.
- g) A certificate of citizenship.
- h) A certificate of naturalization.
- i) A U.S. citizen ID card.
- j) Any successor document to #'s a-i above.
- k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
- a) Permanent Residents
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
 - c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
 - d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
 - e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
 - f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
 - g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
 - h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
Tennessee.gov/health**

NURSIS VERIFICATION INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursis®. If you need verification of a license for a foreign country, please contact the TN Board of Nursing 615-532-5166.

If you do not need verification of a license from one of the states listed below use the form provided with the endorsement or on line packet.

2. If your original state of licensure was from one of the states listed below, go to <https://www.nursis.com> and follow the instructions there.

Alaska (AK)	Kentucky (KY)	New Jersey (NJ)	Utah (UT)
American Samoa (AS)	Louisiana (LA)-RN	New Mexico (NM)	Vermont (VT)
Arizona (AZ)	Maine (ME)	New York (NY)	Virginia (VA)
Arkansas (AR)	Maryland (MD)	North Carolina (NC)	Virgin Islands (VI)
Colorado (CO)	Massachusetts (MA)	North Dakota (ND)	Washington (WA)
Connecticut (CT)	Michigan (MI)	N. Mariana Islands(MP)	West Virginia(WV)PN
Delaware (DE)	Minnesota (MN)	Ohio (OH)	Wisconsin (WI)
District of Columbia (DC)	Mississippi (MS)	Oregon (OR)	Wyoming (WY)
Florida (FL)	Missouri (MO)	Rhode Island (RI)	
Guam (GU)	Montana (MT)	South Carolina (SC)	
Idaho (ID)	Nebraska (NE)	South Dakota (SD)	
Indiana (IN)	Nevada (NV)	Tennessee (TN)	
Iowa (IA)	New Hampshire (NH)	Texas (TX)	

3. The fee for on-line verification through Nursis is \$30. It is processed on-line through Nursis.
4. When the Tennessee Board of Nursing receives your Endorsement Application, the board will access Nursis to verify your original licensure in one of the states listed in number 2 above.
5. Nursis information is updated from the files of participating states. A nurse who recently received a license may have to wait until the next update before the information is available in Nursis.
6. If you have questions regarding the Nursis verification process, please contact the Nursis License Verification Department at (312) 525-3780 or toll free (866) 819-1700.
7. **ONLY** if your initial licensure was in a state **not listed in number 2 above**, use the form and verification instructions included with the on-line or paper endorsement packet. This form is sent to the **state of initial licensure**. Contact the initial state of licensure for information of their fees for verification. Fees need to be sent with the verification form.



**Tennessee Department of Health
Health Related Boards
Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243**

REQUEST FOR VERIFICATION OF LICENSE

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: _____
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: _____
(last) (first) (middle) (maiden)

ADDRESS: _____
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: _____

ORIGINAL LICENSE NUMBER: _____ ☐ R.N. ☐ L.P.N. DATE ISSUED: _____

SOCIAL SECURITY NO.: _____

I hereby authorize the _____ Board of Nursing to furnish to the Tennessee Board of
(state to which sending form)
Nursing the information requested below.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY

This is to certify that the above named was issued license number _____ to practice as a:

☐ Registered Nurse ☐ Licensed Practical Nurse on _____

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver ☐ Expiration date: _____

Current licensure status: Active Inactive Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?

Yes ☐ No ☐ If yes, please explain on reverse side.

STATE BOARD TEST POOL EXAMINATION

	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores Series/ Form	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Nursing education program completed: _____
(name)

Location: _____ Year of graduation _____
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? ☐ Yes ☐ No

SIGNED _____ SEAL STATE _____

TITLE _____ DATE _____

JH/G5022133/BN



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Licensure and Regulation
Division of Health Related Boards
665 Mainstream Drive
Nashville, TN 37243
tennessee.gov/health**

INSTRUCTIONS FOR APPLICANTS FINGERPRINTING IN TENNESSEE

Applicants who do not live in Tennessee and not visiting Tennessee prior to licensure may call the Board at 615-532-5166 and request a fingerprint card and the instructions for processing.

1. Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check. Electronic fingerprinting must be done through the State of Tennessee selected vendor, IdentoGO at an approved site in Tennessee.

2. There are **(2)** ways that applicants may register for the fingerprinting process:

a) Call toll-free at (855) 226-2937;

b) Register online at www.IdentoGO and click on the map of Tennessee. To begin registration, click Online Scheduling. Applicant may register, schedule, and make payment at this web site.

Regardless of how an applicant registers, the following information must be provided and/or verified:

Agency Name	Department of Health Licensure and Regulation
Applicant Type	Bureau of Health Licensure
OCA#	RN enter (1703) LPN enter (1704)
Payment Type	Applicant Credit Card/Applicant Money Order/or Cashier's Check
ORI#	TN 920390Z

Online registration is preferred for ALL applicants to insure the quality of the data collected. Online registration is faster and may be completed 24 hours a day, 7 days a week.

Payment for electronic fingerprinting is **\$38.00**.

A money order or cashier's check made out to IdentoGO is accepted at the fingerprinting sites. **CASH and PERSONAL CHECKS** are **NOT** accepted.

3. Applicants must schedule an appointment to be fingerprinted at an IdentoGO site in Tennessee at the time of registration. Before registration is complete, applicants will be asked to check and confirm if information is correct and will need to print a copy of the registration completion page to take to the fingerprinting site.
4. The enrollment officer at the site will check your valid state or federal government issued photo identification, verify your information, verify or collect payment, capture your fingerprints, and submit your data to the Tennessee Bureau of Investigation (TBI).

* If you are unable to keep your appointment or miss your appointment, you **MUST** contact IdentoGO; you may have to reregister and repay.

Electronic Fingerprints are normally received by the Tennessee Health Related Boards within 8-10 business days.

INSTRUCTIONS FOR APPLICANTS FINGERPRINTING OUTSIDE OF TENNESSEE

FINGERPRINT CARD INSTRUCTIONS (PLEASE DO NOT FOLD THE FINGERPRINT CARD)

1. Fill out the fingerprint card in its entirety, boxes concerning **date of birth, place of birth, sex, race, height, weight, eyes and hair** must be filled in.
2. Take the finger print card to your local Sheriff or Police department to have fingerprinting done.
3. The boxes asking for the employer and address, reason for the fingerprinting, OCA number should already be labeled; however, if they are not entered, place the information given at the bottom of this page in those boxes.
4. Register on-line, www.identogo.com or call toll free 855-226-2937. If registering on-line, during the registration process applicants should select **"Pay for Ink Card Submission,"** on the Appointment Details page and follow the instructions. This will identify IdentoGO that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Tennessee Bureau of Investigation.
5. Applicants must complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number must be retained by the applicant for tracking purposes. **This confirmation number must be recorded on a separate piece of paper, along with two contact phone numbers and submitted with the fingerprint card when it is submitted to IdentoGO for processing.**

Once you have had your fingerprints completed and are registered, **if you have not paid by credit card during the registration process**, please send the card with a **money order** payment of \$38.00 to the address given below. Money order should be made out to IdentoGO by Morpho Trust and must include the applicant's full name. **Personal checks are not accepted:**

**IdentoGO by Morpho Trust
Tennessee Card Scan Processing
3051 Hollis Drive, Suite 300
Springfield, IL 62704**

(For tracking and security reasons, it is recommended that a shipping service with tracking be utilized when sending your card. Please include at least two (2) means of contact information for the applicant. Examples: daytime phone, cell phone, etc. You may verify receipt of your card by IdentoGO after three (3) days of shipping your card by calling 855-226-2937 and speaking with a customer service agent.)

6. Your fingerprint card will be processed and sent to the TBI and FBI for reading and reporting. This process will take approximately 7-10 days once IdentoGO has received the card. If your fingerprints are rejected the first time, you will be notified and given specific instructions on how to complete this process for a second time. You will not be charged for a second fingerprint card process.
7. Your background check report will be forwarded to the Tennessee Board you are applying to.

ADDITIONAL INFORMATION

Employer	TN Health Related Boards	REASON:	BH-Dept. of Health
Address:	665 Mainstream Drive		T.C.A. 63-1-116
	Nashville, TN 37243		

ORI# TN920390Z

OCA#: RN 1703 LPN 1704

FAILURE TO COMPLETE THE PROCESS AS STATED ON THESE INSTRUCTIONS WILL RESULT IN THE CARD BEING RETURNED TO THE APPLICANT, WHICH WILL DELAY THE PROCESS